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DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
76th MILITARY POLICE DETACHMENT (CID) (FWD) (-)
10th MILITARY POLICE BATTALION (CID) (FWD)
BAGHDAD CENTRAL CONFINEMENT FACILITY
ABU GHRAIB, IRAQ
APO AE 09342

CIRF-ZA-BD

19 May 2006

MEMORANDUM FOR SEE DISTRIBUTION.

SUBJECT: CID REPORT OF INVESTIGATION – FINAL/SSI – 0146-2005-CID789 -39276 – 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 01 OCT 2005, 0402; 344TH FIELD HOSPITAL, BAGHDAD CENTRAL CONFINEMENT FACILITY (BCCF); GRID 38S MB130840; ABU GHRAIB, IRAQ (IZ)

DATE/TIME REPORTED: 01 OCT 2005, 0615

INVESTIGATED BY: SA (b)(2),(b)(6),(b)(7)(C)

SA
SA
SA

SUBJECT: 1. NONE; [DEATH BY NATURAL CAUSES]

VICTIM: 1. HAMADI AL MASHDANI, ESMAIL HAMADI; INTERNMENT SERIAL NUMBER (ISN) (b)(6),(b)(7)(C) [DECEASED]; 1 JUL 1945; IRAQ; MALE; WHITE; XZ; DATE OF CAPTURE BY U.S. FORCES, 9 JAN 2004; [DEATH BY NATURAL CAUSES] (NFI)

“This is an Operation Iraqi Freedom Investigation”.

On 01 Oct 05, this investigation was initiated when SPC (b)(6),(b)(7)(C) Clerk, Patient Administration Department (PAD), 344th Field Hospital, BCCF, Abu Ghraib IZ, notified this office of a detainee death.

Investigation revealed Detainee AL MASHDANI died a natural death as a result of complications of acute gangrenous cholecystitis (inflammation of the gallbladder).

STATUTES:

1

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b(2) b(6) b(7)(C)

ACLU DETAINEE DEATH 2 CID 202

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N/A

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) Nov 05, detailing the initial notification; obtaining the detainee records of AL MASHDANI; interview of medical personnel; and other investigative activity.
2. Personal Data Report (PDR) pertaining to detainee AL MASHDANI.
3. Medical Records pertaining to detainee AL MASHDANI.
4. AIR of SA (b)(6),(b)(7)(C) Oct 05, which detailed the receipt of the Request for Assistance (RFA) and attending the autopsy.
5. Compact Disc containing the images of the autopsy of detainee AL MASHDANI (USACRC and file copy only).
6. AIR of SA (b)(6),(b)(7)(C) 5 May 06, detailing the receipt of the final autopsy report and death certificate of detainee AL MASHDANI.
7. Autopsy Report, #ME05-0925, 29 Mar 06, pertaining to detainee AL MASHDANI.
8. Death Certificate, 15 May 06, pertaining to detainee AL MASHDANI.
9. Photo Packet comprised of 7 photographs (1-7) (detainee AL MASHDANI).
10. Compact Disc 050146.789 containing the photographic images and the originals of Exhibit 9. (USACRC and file copy only).

NOT ATTACHED:

None.

The originals of Exhibits 1, 4, 6, 9 and 10 are forwarded with the USACRC copy of this report. The original of Exhibit 2 is retained in the files of Task Force 134, Camp Victory, IZ. The original of Exhibits 5, 7 and 8 are retained in the files of the Armed Forces Institute of Pathology, 1413 Research Blvd., Building 102, Rockville, MD. The original of Exhibit 3 is retained in the files of the 344TH Medical Field Hospital, Patient Administration Division, BCCF, AGI.

b(6), b(7)(C)

2

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STATUS: This is a Final Report.

Report Prepared By:

Report Approved By:

(b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

Special Agent (b)(2)

Special Agent in Charge

Distribution:

1 - Director, USACRC, 6010 6th Street, Fort Belvoir, VA 22060-5506 (ORIGINAL)

1 - CDR, USACIDC, ATTN: CIOP-ZA, FORT BELVOIR, VA

(cidcsops1sc@sbelloirdms.army.smil.mil)

1 - CHIEF INVESTIGATIVE OPERATIONS, USACIDC

(b)(6),(b)(7)(C)

(sbelloirdms.army.smil.mil) (b)(6),(b)(7)(C) @us.army.smil.mil)

1 - CID CURRENT OPERATIONS, USACIDC

(cid001dcopsops2sc@sbelloirdms.army.smil.mil)

1 - CDR, 3RD MILITARY POLICE GROUP (CID)

(3CIDEOC@force1.army.smil.mil)

1 - DEPUTY CHIEF OF STAFF OF OPERATIONS, USACIDC

(b)(6),(b)(7)(C)

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1 - CDR, 10TH MP BN (CID) (FWD)

(b)(6),(b)(7)(C)

iraq.centcom.smil.mil (b)(6),(b)(7)(C)

iraq.centcom.smil.mil)

1 - CDR, 76TH MP DET (CID)(FWD)

(b)(6),(b)(7)(C)

iraq.centcom.smil.mil)

1 - CDR, FOB ABU GHRAIB, MNC-I, BCCF, ABU GHRAIB, IZ

(b)(6),(b)(7)(C)

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1 - PROVOST MARSHAL, MNF-I, AL FAW PALACE

(b)(6),(b)(7)(C)

iraq.centcom.smil.mil)

1 - CDR, 96TH MP BN, BCCF, ABU GHRAIB, IZ

(b)(6),(b)(7)(C)

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1 - CDR, DETAINEE OPERATIONS, MNF-I, TF 134, ATTN: MAJ (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C)

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1 - SJA, 452ND MP BN, 42ND MP BDE, MNC-I, BCCF, ABU GHRAIB, IZ

(b)(6),(b)(7)(C)

iraq.centcom.smil.mil)

1 - AFIP, DOVER PORT MORTUARY, DOVER AFB, DE

(b)(6),(b)(7)(C)

us.army.smil.mil (b)(6),(b)(7)(C) @us.army.smil.mil)

1 - File

b(2), b(6), b(7)(C)

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40400. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

Instructions - Medical Officer in attendance will:
Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)

MAMID-MASHADANI, ABID-ES
000-15-7066
Detainee

Patient's name (Last, first, middle initial) Grade,
Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH (Hour-day-month-year)

04:02

3. MEDICAL EXAMINER/
CORONER'S CASE☐ YES ☒ NO

4. RELIGION

5. CHAPLAIN NOTIFIED

☐ YES ☒ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN
ONSET
AND DEATH

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death)

DUE TO (or as a consequence of)

Cholecystitis

unknown

7b. ANTECEDENT CAUSES (Hereditary conditions, if any, giving rise to the above cause, stating the underlying condition last)

DUE TO (or as a consequence of)

(1)

(2)

8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

a.

b.

9. DATE

BE OCT 2005

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE

(b)(6)

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE

(b)(6)

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place)

☐ YES☒ NO

21. AUTOPSY ORDERED BY (Signature)

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) MAMID-MASHADANI, ABID-ES		GRADE Grade —	BRANCH OF SERVICE Arme —	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale —	
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant	
NEGROID Négride		MARRIED Marié		CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit			
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)			
MEDICAL STATEMENT Déclaration médicale					
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)					INTERVAL BETWEEN ONSET AND DEATH Intervalle entre (attaque et le décès)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		CHOLECYSTITIS			UNKNOWN
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire				
Symptômes précursseurs de la mort	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire				
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives					
MODE OF DEATH Cause du décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures		
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY: Conclusions principales de l'autopsie				
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste				
<input type="checkbox"/> SUICIDE Suicide	SIGNATURE (b)(6)		DATE Date 01 OCT 2005		
<input type="checkbox"/> HOMICIDE Homicide	PLACE OF DEATH Lieu de décès (b)(6)		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)					
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus					
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin civil		TITLE OR DEGREE Titre ou diplôme			
GRADE Grade		INSTALLATION OR ADDRESS Installation ou adresse			
DATE Date 01 OCT 2005		SIGNATURE (b)(6)			
<p>1 State disease, injury or complication which caused death.</p> <p>2 State conditions contributing to the death, but not related to the disease or condition causing death.</p> <p>3 Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la nature de la mort elle-même.</p> <p>4 Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.</p>					

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General.			
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Litter</u> BY <u>OR</u> (b)(6)		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)	
3. DATE <u>Sept 30 2005</u> TIME PATIENT ARRIVED IN SUITE <u>2300</u>		4. PATIENT IN ROOM <u>1</u> TIME <u>2300</u> NUMBER	
5. PREOPERATIVE EMOTIONAL STATUS			
<input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)			
COMMENTS:			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	(b)(6)	RELIEF SCRUB	
ASSIGNED CIRCULATOR	(b)(6)	RELIEF CIRCULATOR	
7. POSITION AND POSITIONAL AIDS (Specify)			
<input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE <input type="checkbox"/> LATERAL <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP			
COMMENTS:			
8. SKIN PREPARATION			
HAIR REMOVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILETORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP		PREP SOLUTION (Specify) <u>Betadine Scrub / Sol</u> SITE: <u>abdomen</u> BY WHOM: <u>Dr. Flynn</u> SITE: BY WHOM:	
COMMENTS:		COMMENTS:	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND X Ground Pad -- Safety Strap --- Tourniquet			
10. COUNTS		C = Correct I = Incorrect Other** First Closing Count Final Closing Count	
Sponge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C C	
Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C C	
Instrument <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C C	
Other <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility.)		12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Dakota</u> <u>Hamid / Al masha dawi Abi</u> <u>000-15-7066</u>		<input type="checkbox"/> ESU NO: <u>MDJ 50</u> GROUND PAD: BRAND <u>DF 370527</u> LOT NO: (b)(6) <input type="checkbox"/> ESU NO: <u>2006-06</u> GROUND PAD: BRAND LOT NO: <input type="checkbox"/> BIPOLAR NO:	

DA FORM 5179-1, OCT 87

REPLACES DA FORM 5179-1 (TEST) DEC 82, WHICH IS OBSOLETE

ACLU DDH CID ROIS 39693

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)		
2005-09-30	Complaint: HIGH/ LOW BLOOD PRESSURE		
17:40	BP: <u>112/78</u>	Weight: _____	Temp: <u>99</u>
9-30-05	<p>60 yr. old male transported from the IHA came in from RUCCA today via trauma with a blood sugar of 440 #20 (R) AC - received 2 liters NS (NS) O₂ Sat 88 - placed on 2LNC A&O x3 MAE CBC, CMP Panel, BMP sent - WBC 41.5 Repeat BS at 1900 309 CT of abdomen ordered - awaiting radiology. Hepatitis Panel (H.C.N) sent at Restless at present -</p>		
	(b)(6)		

HOSPITAL OR MEDICAL FACILITY 1381 - TF 344 MED	STATUS Outpatient	DEPART./SERVICE BAZ - Medical Care NEC	RECORDS MAINTAINED AT
SPONSOR'S NAME HAMID/AL MASHADANI,, ABID/ESMAIL	SSN/ID NO. 000-15-7066	RELATIONSHIP TO SPONSOR 20	

PATIENT'S IDENTIFICATION:

NAME: HAMID/AL MASHADANI,, ABID/ESM GRADE: FGN
 SSN: 000-15-7066 DetaineeNbr:
 SEX: M DOB: 1945-01-01
 Unit / Org: IHA

REGISTER NO.

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record
 STANDARD FORM 600 - Automated Facsimile

ACLU DDIL CID 013 39694

EXHIBIT

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		PROGRESS NOTES	
DATE	NOTES		
1 Oct 05	Surgery Op-Note		
0010	Pre/Post-Op Dx: Gangrenous gallbladder		
	Procedure: Ex lap Cholecystectomy		
	Surgeon: Flyn, Wenstrup		
	Anesthesia: general		
	EBL: 250 cc		
	Fluids 3000 cc		
	Foley: 30 cc		
	Specimen Gallbladder & cultures		
	Complications: none noted		
	Drains JP & T		
	Pt to ICU critical		
	(b)(6)		
1 Oct 05	Pt received from OR @ 0010 hrs via stretcher, sedated & intubated. Pt placed		
0110 hrs	ICU Bed 4. Pt cool to touch, unable to obtain SpO ₂ . (b)(6) notified. Dopamine		
	gt started @ 0010 hrs for SBP 80's. Ww monitor titrate gt for SBP > 100. PERRA - 2mm		
	fixed. Bilirubin jaundiced & corneal reflexes noted. & gag/cough noted to suction. Safety		
	precautions maintained. Bilirubin restraints applied. All med & procedure explained to pt		
	& distress (acute) noted. See ICU together for completion of assessment. Will		
	monitor pt closely. (b)(6)		
RELATIONSHIP TO SPONSOR		SPONSOR'S NAME	
LAST		FIRST	MI
DEPART./SERVICE		HOSPITAL OR MEDICAL FACILITY	
RECORDS MAINTAINED AT			
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)		REGISTER NO.	WARD NO.
A14F1			

0000291 20 00015 7066
HAMID/MASHADANI, ABID/ES
JNK M I DETAINEE

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

PRINTED ON
RECYCLED PAPER

509-114

ACLU DDII CID

EOS 39695
EXHIBIT

000013

NSN 7540-01-075-3788

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Doctor)				TIME SEEN BY PROVIDER 1800	
TEST RESULTS							
CBC	WBC	41.5K	SMAC	ABG/PULSE OX			RADIOLOGY
	H/H	13.9/38.9		SUP O2	PH	PO2	Check if read by radiologist <input type="checkbox"/>
	PLT	129		PCO2	SAT	OTHER	RESULTS
PT		APTT		BHCO	ETOH	GLU	EKG INTERPRETATION
				DIP	MICRO		

Handwritten notes on form:
 126 87 65
 4.2 20 3.9
 374
 ALP 362
 ALT 256
 AST - 26/11 interference
 NAD
 EKG INTERPRETATION

PROVIDER HISTORY/PHYSICAL

1800 Pt arrived from Bucca today or yesterday - Pt type II on oral med. Vomiting, diarrhea x 4 days. Diabetes x 20 yrs. Not Eating. Exam Alert, mod distress. Accu 1440. lisinopril 5mg, glucophage 500mg, glyburide 5mg. mouth is mm dry. Lungs CTAB. CV RRR. Acid diffusely tender. B&P. ED Course - pt hydrated in 2L NS. Could not urinate. O2 Sat 85% initially, 88% on 2L nasal O2. Unable to void. Retains all of his LFT's 20 to 40. Color interference in blood test. Cannot get CT 20 to Elevated Creatinine with 4/5 pna in Am.

PM 4/4
 type II on
 Accu
 2 CPO
 Family Member

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
1) hyperglycemia 2) dehydration 3) Acute Renal Failure			CODES -

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)

Yt reassessed @ 20:00 -

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

Other Polyuria/polydipsia
VSS: 7.17 PM

STANDARD FORM 658 (REV. 9-98)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

CTA: glycemia gb, free air - Dr. Khan called, here to evaluate.

(b)(6)

ACLU DDII CID FOIS 39696
EXHIBIT

DATE	NOTES
04:02	Eve Dor.
	called to bedside multiple times for lab results
	and BP drops. 4u of blood ordered for Hb 5
	on 1st p/ox level. Blood ready @ 3:30; central
	venous line retracted in @ groin in order to
	administer blood. Blood started, noted bradycardic
	event. Pt progressed to full cardiac arrest.
	2 units p/ox - infused, multiple drugs given
	(epi/atropine/cacel/Naloxo) and CPR performed &
	success. found 4s throughout. @ obvious blood from
	surgical wounds, airway intact & ETT throughout.
	C 4:02 pt declared dead & acceptable noted and
	lack of response to resuscitative attempts.
	(b)(6)

STANDARD FORM 509 (REV. 5-99) BACK

ACLU DDII CID ROIS 39697

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EXHIBIT 3

000001

518-124

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH DATE REQUESTED 1 OCT 2005 DATE AND HOUR REQUIRED 1 OCT 2005	REQUESTING PHYSICIAN (Print) (b)(6) DIAGNOSIS OR OPERATIVE PROCEDURE S/P Exp hsp, Cholecystectomy I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____	SIGNATURE OF VERIFIER (b)(6)
REMARKS: _____	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 1 OCT 2005 TIME VERIFIED 0205 hrs

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)	TRANSFUSION NO. 3 PATIENT NO. 157066	TEST/INTERPRETATION ANTIBODY SCREEN Negative CROSSMATCH Compatible	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)
DONOR ABO Rh B+ B+	RECIPIENT ABO Rh B+ B+	REMARKS: Exp 19 OCT 2005 immediate crossmatch spray	

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA DIRECTED AND ISSUED BY (Signature) (b)(6) AT (Hour) 0340 ON (Date) 1 OCT 05		POST-TRANSFUSION DATA AMOUNT GIVEN ML 0400 TIME/DATE 1 OCT 05 - pt expired REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE PULSE BLOOD PRESSURE If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present; keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.	
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. 1st VERIFIER (Signature) (b)(6) 2nd VERIFIER (Signature) (b)(6)		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) SIGNATURE OF PERSON NOTING ABOVE (b)(6)	
PRE-TRANSFUSION TEMP. PULSE BP DATE OF TRANSFUSION 01 OCT 05 TIME STARTED 0351	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility) A14F1 1000291 20 00015 7066 HAMID/MASHADANI, ABID/ES JUNKY H-I DETAINEE		

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

ACLU DDII CID ROIS 39698

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00001
EXHIBIT 3

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD-ANESTHESIA				PROCEDURE	ITEM	START	STOP																																																																																																																																				
DATE: 30 Sept 05 OR NO. PAGE OF SURGEON(S) (b)(6)				Exp. Lap., Cholecystectomy	Anesthesia	2252	0111																																																																																																																																				
PROCEDURE					1123	0046																																																																																																																																					
PRE-PROCEDURE		MONITORS AND EQUIPMENT		ANESTHETIC TECHNIQUES	AIRWAY MANAGEMENT			RECOVERY ROOM																																																																																																																																			
<input checked="" type="checkbox"/> Identified <input checked="" type="checkbox"/> ID Band <input checked="" type="checkbox"/> Questioning <input checked="" type="checkbox"/> Chart Review <input checked="" type="checkbox"/> Permit Signed <input checked="" type="checkbox"/> NPO Since: <input type="checkbox"/> Calm <input type="checkbox"/> Asleep <input type="checkbox"/> Confused <input type="checkbox"/> Unresponsive <input checked="" type="checkbox"/> Awake <input type="checkbox"/> Incooperative		<input type="checkbox"/> Steth <input type="checkbox"/> Esoph <input type="checkbox"/> Precord <input type="checkbox"/> Other <input type="checkbox"/> Non-invasive BP <input type="checkbox"/> Nerve Stimulator <input type="checkbox"/> Continuous EKG <input type="checkbox"/> V Lead EKG <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Oxygen Analyzer <input type="checkbox"/> End Tidal CO ₂ <input type="checkbox"/> Temp. <input type="checkbox"/> ECG <input type="checkbox"/> Warming Blanket <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Airway Humidifier <input type="checkbox"/> NG/OG Tube <input type="checkbox"/> Foley Catheter		Method: <input checked="" type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal <input type="checkbox"/> Brachial <input type="checkbox"/> Symp Block <input type="checkbox"/> Ankle Blk <input type="checkbox"/> M.A.C. Regional: <input type="checkbox"/> Position <input type="checkbox"/> Prep <input type="checkbox"/> Local <input type="checkbox"/> Needle <input type="checkbox"/> Drug(s) <input type="checkbox"/> Dose <input type="checkbox"/> Site <input type="checkbox"/> Catheter	<input checked="" type="checkbox"/> Intubation <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Magill's <input type="checkbox"/> Blind <input type="checkbox"/> Diff. see Rmks <input type="checkbox"/> Fiber Op <input type="checkbox"/> Stylet <input type="checkbox"/> Attempts <input type="checkbox"/> Plane <input type="checkbox"/> Tube size <input type="checkbox"/> Endobronchial <input type="checkbox"/> Regular <input type="checkbox"/> RAE <input type="checkbox"/> Armored <input type="checkbox"/> Laser <input type="checkbox"/> Cuffed <input type="checkbox"/> Min. occ. pres. <input type="checkbox"/> Air <input type="checkbox"/> INS <input type="checkbox"/> Uncuffed, leaks at <input type="checkbox"/> cm H ₂ O <input type="checkbox"/> Secured at <input type="checkbox"/> ET CO ₂ Present <input type="checkbox"/> Breath Sounds <input type="checkbox"/> Circuits <input type="checkbox"/> Circle <input type="checkbox"/> Non-rebreathing <input type="checkbox"/> Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Natural <input type="checkbox"/> Mask Case <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Simple O ₂ Mask			Time: 0111 0111 <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> L&N <input type="checkbox"/> Awake <input type="checkbox"/> Spont Resp <input type="checkbox"/> Oral Airway <input type="checkbox"/> Asleep <input type="checkbox"/> Ventilator <input type="checkbox"/> Nasal Airway <input type="checkbox"/> Shible <input type="checkbox"/> Extubated <input type="checkbox"/> Face Shield O ₂ <input type="checkbox"/> Unstable <input type="checkbox"/> Intubated <input type="checkbox"/> Piece O ₂																																																																																																																																			
PATIENT SAFETY				CONTROLLED DISPOSITION																																																																																																																																							
<input type="checkbox"/> Anes. Machine # <input type="checkbox"/> Checked <input type="checkbox"/> Safety Ball On <input type="checkbox"/> Axillary Roll <input type="checkbox"/> Arm Restraints <input type="checkbox"/> Arms Tucked <input type="checkbox"/> Pressure points checked and padded <input type="checkbox"/> Eye Care: <input type="checkbox"/> Ointment <input type="checkbox"/> Saline <input type="checkbox"/> Nipped <input type="checkbox"/> Pads <input type="checkbox"/> Goggles				<input type="checkbox"/> Living <input type="checkbox"/> Used <input type="checkbox"/> Destroyed <input type="checkbox"/> Reused Provider: _____ Witness: _____																																																																																																																																							
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<table border="1"> <thead> <tr> <th></th> <th>2230</th> <th>2300</th> <th>0000</th> <th>0100</th> <th>TOTALS</th> </tr> </thead> <tbody> <tr> <td>Hal <input type="checkbox"/> Ent <input type="checkbox"/> (M)</td> <td>0.5</td> <td>0.5</td> <td>0.5</td> <td>0.5</td> <td>2.0</td> </tr> <tr> <td>N₂O <input type="checkbox"/> Air <input type="checkbox"/> (U/min)</td> <td>5</td> <td>100</td> <td>7</td> <td>2</td> <td>112</td> </tr> <tr> <td>Oxygen (U/min)</td> <td>5</td> <td>100</td> <td>7</td> <td>2</td> <td>112</td> </tr> <tr> <td>Ventilator ()</td> <td>5</td> <td>100</td> <td>7</td> <td>2</td> <td>112</td> </tr> <tr> <td>Proseal ()</td> <td>5</td> <td>100</td> <td>7</td> <td>2</td> <td>112</td> </tr> <tr> <td>Respirator ()</td> <td>5</td> <td>100</td> <td>7</td> <td>2</td> <td>112</td> </tr> <tr> <td>Ventilator ()</td> <td>5</td> <td>100</td> <td>7</td> <td>2</td> <td>112</td> </tr> <tr> <td>ECG</td> <td>5</td> <td>100</td> <td>7</td> <td>2</td> <td>112</td> </tr> <tr> <td>% O₂ Inspired (FIO₂)</td> <td>1.0</td> <td>0.5</td> <td>0.5</td> <td>0.5</td> <td>0.5</td> </tr> <tr> <td>O₂ Saturation (SaO₂)</td> <td>95</td> <td>95</td> <td>95</td> <td>95</td> <td>95</td> </tr> <tr> <td>End Tidal CO₂</td> <td>35</td> <td>35</td> <td>35</td> <td>35</td> <td>35</td> </tr> <tr> <td>Temp: <input type="checkbox"/> C <input type="checkbox"/> F</td> <td>38.1</td> <td>38.0</td> <td>38.0</td> <td>38.0</td> <td>38.0</td> </tr> <tr> <td>Baseline Values</td> <td>200</td> <td>180</td> <td>160</td> <td>140</td> <td>120</td> </tr> <tr> <td>B/P</td> <td>105/70</td> <td>105/70</td> <td>105/70</td> <td>105/70</td> <td>105/70</td> </tr> <tr> <td>P</td> <td>150</td> <td>150</td> <td>150</td> <td>150</td> <td>150</td> </tr> <tr> <td>R</td> <td>38</td> <td>38</td> <td>38</td> <td>38</td> <td>38</td> </tr> <tr> <td>Tidal Vol. (ml)</td> <td>500</td> <td>800</td> <td>800</td> <td>800</td> <td>800</td> </tr> <tr> <td>Resp. Rate</td> <td>10</td> <td>10</td> <td>10</td> <td>10</td> <td>10</td> </tr> <tr> <td>Peak Pres. (cm H₂O)</td> <td>27</td> <td>31</td> <td>31</td> <td>31</td> <td>31</td> </tr> <tr> <td>PEEP (cm H₂O)</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>Position</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									2230	2300	0000	0100	TOTALS	Hal <input type="checkbox"/> Ent <input type="checkbox"/> (M)	0.5	0.5	0.5	0.5	2.0	N ₂ O <input type="checkbox"/> Air <input type="checkbox"/> (U/min)	5	100	7	2	112	Oxygen (U/min)	5	100	7	2	112	Ventilator ()	5	100	7	2	112	Proseal ()	5	100	7	2	112	Respirator ()	5	100	7	2	112	Ventilator ()	5	100	7	2	112	ECG	5	100	7	2	112	% O ₂ Inspired (FIO ₂)	1.0	0.5	0.5	0.5	0.5	O ₂ Saturation (SaO ₂)	95	95	95	95	95	End Tidal CO ₂	35	35	35	35	35	Temp: <input type="checkbox"/> C <input type="checkbox"/> F	38.1	38.0	38.0	38.0	38.0	Baseline Values	200	180	160	140	120	B/P	105/70	105/70	105/70	105/70	105/70	P	150	150	150	150	150	R	38	38	38	38	38	Tidal Vol. (ml)	500	800	800	800	800	Resp. Rate	10	10	10	10	10	Peak Pres. (cm H ₂ O)	27	31	31	31	31	PEEP (cm H ₂ O)	5	5	5	5	5	Position					
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ANESTHESIA PROVIDER(S) (b)(6)				REMARKS: (b)(6) was ER long well. A4 dentary applied pre O ₂ . Smooth intub. Basal ET at 16 cm NG Salem Sump Tube GT. Nostril Coplan Anti Cornea Goggles material.																																																																																																																																							
PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; ID No. (SSN or other); hospital or medical facility.)																																																																																																																																											

ANESTHESIA

Medical Record

OPTIONAL FORM 517 (7-95)

Prescribed by GSA/ICMR,

FPMR (41 CFR) 101-11.203(b)(10)

ACLU DDILCID RDIS 39699

EXHIBIT 3

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)
	DATE REQUESTED 30 Sept 05	DIAGNOSIS OR OPERATIVE PROCEDURE Hypertension
	DATE AND HOUR REQUIRED 30 Sept 2245	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
	VOLUME REQUESTED (If applicable) 1 unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: HEMOLYTIC DISEASE OF NEWBORN?	DATE VERIFIED 29 30 Sept 05 TIME VERIFIED 2245

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)	TRANSFUSION NO. 1	TEST INTERPRETATION		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
PATIENT NO. 157066	RECIPIENT	ANTIBODY SCREEN negative	CROSSMATCH compatible	SIGNATURE OF PERSON PERFORMING TEST (b)(6)
DONOR	ABO B+	DATE OCT 1 2005		
Rh	B+	REMARKS: EXP 19 OCT 2005 immediate spin crossmatch only		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA			
INSPECTED AND ISSUED BY (Signature) (b)(6)	AMOUNT GIVEN 300 ML	TIME/DATE COMPLETED/INTERRUPTED 0355 hrs 10 Oct 05			
AT (Hour) 0330 ON (Date) OCT 1 2005	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE	PULSE	BLOOD PRESSURE	
IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the pr (b)(6)	If reaction is suspected IMMEDIATELY: 1. Discontinue transfusion, treat shock if present; keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.				
1st VERIFIER (Signature) (b)(6)	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify)				
2nd VERIFIER (Signature) (b)(6)	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)				
PRE-TRANSFUSION TEMP. 98.7 PULSE 62 BP 70/32	SIGNATURE OF PERSON NOTING ABOVE (b)(6)				
DATE OF TRANSFUSION 1 Oct 2005	TIME STARTED 0344 hrs				
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade, rank; rate, hospital or medical facility)					

HAMID AL meshadani
157066

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FRMR (41 CFR) 201-9.202-1

ACLU DDII CID F0146-05-CID789-39276

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

EXHIBIT 3

DISCHARGE ASSESSMENT

(b)(6)
RN Signature

RN Signature

Anesthesia Medication Orders

1. _____
2. _____
3. _____

[illegible]

OTHER INTERVENTIONS See ICU flowsheet

PACU STANDARDS OF CARE MET

Name: _____

Signature: _____

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		Mo. 10 Yr. 55	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION			
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED	
10/1	(b)(6)	Vital Q1°	07/19	30	13
10/1	(b)(6)	Diet: NPO	07/19	(b)(6)	(b)(6)
10/1	(b)(6)	NGT to LWS	07/19	(b)(6)	(b)(6)
10/1	(b)(6)	Tolay to DD	07/19	(b)(6)	(b)(6)
10/1	(b)(6)	SP to bulb suction	07/19	(b)(6)	(b)(6)
10/1	(b)(6)	Stret I/O's	07/19	(b)(6)	(b)(6)
10/1	(b)(6)	Vent: AC 14, V-800 FIO2 50%	07/19	(b)(6)	(b)(6)
ALLERGIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PRIMARY DIAGNOSIS: <i>gallbladder</i>		ADDITIONAL PAGES IN USE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PATIENT IDENTIFICATION: <i>NHDA</i>		A14F1		PAGE NO: _____	
J000291 20 00015 7066		HAMID/HASHADANI, ABID/ES		ACTION TIMES	
JNK H I OETAINEE				USE PENCIL. CIRCLE ACTION TIMES	
				D 8 9 10 11 12 13 14 15	
				E 16 17 18 19 20 21 22 23	
				N 24 01 02 03 04 05 06 07	

DA FORM 4677, 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED

USAPA V1.00

ACLU DDII CID RDI 39702

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

EXHIBIT 3

EMERGENCY RESUSCITATION RECORD

For use of this form, see MEDCOM Circular 40-5

PART 1 - Complete this report immediately following the event. Place the original in the patient's record and provide a copy to the nursing supervisor/OIC.

1. DATE: 1 Oct 2005		2. LOCATION OF RESUSCITATION: <input checked="" type="checkbox"/> Ward: <u>ICU</u>																															
3. PATIENT STATISTICS: Age: _____ Gender: <u>M</u> Height (in): _____ Weight (lbs): _____ Weight (kg): _____		<input type="checkbox"/> MICU <input type="checkbox"/> SICU <input type="checkbox"/> CCU <input type="checkbox"/> NICU <input type="checkbox"/> PICU <input type="checkbox"/> ED <input type="checkbox"/> PACU <input type="checkbox"/> OR <input type="checkbox"/> Diagnostic/Procedure Area: _____ <input type="checkbox"/> Outpatient Clinic: _____ <input type="checkbox"/> Other (Specify): _____																															
4. INITIAL CONDITION: CONSCIOUS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BREATHING? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PULSE? <input type="checkbox"/> Yes <input type="checkbox"/> No Pulse Site: _____ WITNESSED ARREST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown MONITORED AT ONSET? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5. INITIAL RHYTHM: <input type="checkbox"/> Asystole <input type="checkbox"/> Pulseless Electrical Activity <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Bradycardia <input type="checkbox"/> Ventricular Fibrillation <input type="checkbox"/> Perfusing Rhythm <input type="checkbox"/> Ventricular Tachycardia RETURN OF SPONTANEOUS CIRCULATION (ROSC): <input type="checkbox"/> Returned at: _____ <input checked="" type="checkbox"/> Never Achieved <input type="checkbox"/> Unsustained ROSC: <input type="checkbox"/> < 20 min <input type="checkbox"/> > 20 min TIME CPR STOPPED: <u>0402</u> DUE TO: <input type="checkbox"/> ROSC <input type="checkbox"/> DNR <input checked="" type="checkbox"/> Death																															
6. IMMEDIATE CAUSE OF ARREST/EVENT: (Check One) <input checked="" type="checkbox"/> Hypotension/Hypovolemia <input type="checkbox"/> Lethal Arrhythmias <input type="checkbox"/> Metabolic <input type="checkbox"/> Myocardial Infarction or Ischemia <input type="checkbox"/> Respiratory Depression <input type="checkbox"/> Trauma <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		7. RESUSCITATION ATTEMPTED: <input checked="" type="checkbox"/> YES (Check all that apply) <input checked="" type="checkbox"/> Airway Management <input type="checkbox"/> Cardiac Massage <input checked="" type="checkbox"/> Chest Compressions <input type="checkbox"/> Defibrillation <input checked="" type="checkbox"/> NO (Check one) <input type="checkbox"/> False Alarm/Arrest (BLS/ALS not needed) <input type="checkbox"/> Do Not Resuscitate (DNR) <input type="checkbox"/> Pronounced Dead Prior to Resuscitation <input type="checkbox"/> Other: _____																															
		8. EVENT TIMES: (The times below are required to calculate the American Heart Ass'n and European Resuscitation Council in-hospital chain of survival.) Time (Military) Collapse/Arrest Onset: <u>0344</u> CPR Started: <u>0352</u> 1st Defibrillation: _____ Airway Achieved: <u>N/A</u> 1st Dose Epinephrine: _____ Code Team Called: <u>MD & ICU staff</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>@ bedside</u> Code Team Arrived: _____																															
9. INTERVENTIONS: (CHECK THOSE IN PLACE AT START OF RESUSCITATION) (CHECK THOSE INITIATED DURING RESUSCITATION, NOTE TIME) COMMENTS <table border="1"><tr><td><input checked="" type="checkbox"/> IV Access Gauge: <u>20</u> Site: <u>BAC</u></td><td><input type="checkbox"/> Time(s) _____ / _____</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Endotracheal Tube Size: <u>8.0</u></td><td><input type="checkbox"/> Time(s) _____ / _____</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Mechanical Ventilation</td><td><input type="checkbox"/> Time(s) _____ / _____</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Arterial Line</td><td><input type="checkbox"/> Time(s) _____ / _____</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Central Venous Line</td><td><input type="checkbox"/> Time(s) _____ / _____</td><td></td></tr><tr><td><input type="checkbox"/> Pulmonary Artery Catheter</td><td><input type="checkbox"/> Time(s) _____ / _____</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Nasogastric Tube</td><td><input type="checkbox"/> Time(s) _____ / _____</td><td></td></tr><tr><td><input type="checkbox"/> Pacing Device (Specify): _____</td><td><input type="checkbox"/> Time(s) _____ / _____</td><td></td></tr><tr><td><input type="checkbox"/> Implantable Defibrillator/Cardioverter</td><td><input type="checkbox"/> Time(s) _____ / _____</td><td></td></tr><tr><td><input type="checkbox"/> Other (Specify): _____</td><td><input type="checkbox"/> Time(s) _____ / _____</td><td></td></tr></table>				<input checked="" type="checkbox"/> IV Access Gauge: <u>20</u> Site: <u>BAC</u>	<input type="checkbox"/> Time(s) _____ / _____		<input checked="" type="checkbox"/> Endotracheal Tube Size: <u>8.0</u>	<input type="checkbox"/> Time(s) _____ / _____		<input checked="" type="checkbox"/> Mechanical Ventilation	<input type="checkbox"/> Time(s) _____ / _____		<input checked="" type="checkbox"/> Arterial Line	<input type="checkbox"/> Time(s) _____ / _____		<input checked="" type="checkbox"/> Central Venous Line	<input type="checkbox"/> Time(s) _____ / _____		<input type="checkbox"/> Pulmonary Artery Catheter	<input type="checkbox"/> Time(s) _____ / _____		<input checked="" type="checkbox"/> Nasogastric Tube	<input type="checkbox"/> Time(s) _____ / _____		<input type="checkbox"/> Pacing Device (Specify): _____	<input type="checkbox"/> Time(s) _____ / _____		<input type="checkbox"/> Implantable Defibrillator/Cardioverter	<input type="checkbox"/> Time(s) _____ / _____		<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Time(s) _____ / _____	
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<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Time(s) _____ / _____																																
PATIENT DISPOSITION FOLLOWING RESUSCITATION: <u>Expired @ 0402 hrs</u>		10. GLASGOW COMA SCALE: (Post-resuscitation) Circle appropriate score for each parameter, then total score. EYE OPENING 4 - Spontaneously 3 - To voice 2 - To pain 1 - No response VERBAL RESPONSE 5 - Oriented, converses 4 - Disoriented, converses 3 - Inappropriate responses 2 - Incomprehensible sounds 1 - No response MOTOR RESPONSE 6 - Obeys verbal commands 5 - Localizes painful stimulus 4 - Withdraws from pain stimulus 3 - Flexion, decorticate posturing 2 - Extension, decerebrate posturing 1 - No movement SCORE: <u>3</u>																															
PATIENT IDENTIFICATION (For typed or written entries note: Name-last, first, middle initial, grade; DOB; hospital or medical facility) <u>A14F1</u> <u>0000291 20 00015 7066</u> <u>HAMID/MASHADANI, ABID/ES</u> <u>JNK M I DETAINEE</u>																																	

MEDCOM FORM 679-R (TEST) (MCHO) JUN 03

PREVIOUS EDITIONS ARE OBSOLETE

Page 1 of 2 pages

MC-V3.00

ACLU DDII CID RDS 39703

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66; the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER OCT 08 1967	TIME OF ORDER 0045 HOURS	LIST TIME ORDER NOTED AND SIGN
0000291 20 00C15 7066 HANIO/KASHADANI ABID UNK M I DETAINEE	(b)(6)	BED NO.	A12T ✓ Bicarb 2 amps IVP now		
NURSING UNIT		BED NO.	Dopamine drip 5ug/kg/min titrate SBP > 100		
PATIENT IDENTIFICATION			AC - 14 oz ver	(b)(6)	
			ABG p Bicarbon		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS
0000291 20 00C15 7066 HANIO/KASHADANI ABID UNK M I DETAINEE		BED NO.	A12T - 4 units PRBC's - 4 amps (1 gm each) of Calcium Gluconate IV 15 minutes apart. - 1 L NSS W/O X.I.		noted 1 Oct 08 (b)(6)
NURSING UNIT	ROOM NO.	BED NO.	- Stay CL in arm IV used for blood	(b)(6)	
PATIENT IDENTIFICATION			DATE OF ORDER		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

0000291 60 00015
MARID KASHADAN
UHN H 1 OCT

(b)(6)

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

NURSING UNIT ROOM NO. BED NO.

(b)(6)

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 2003-300-391

"USE BALL POINT PEN-PRESS FIRMLY I NO CARBON PAPER REQUIRED"

✓ Vitals Q 1°
✓ Allergies unknown
✓ Diet NPO
✓ NGT to LIWS

✓ Foley to DD
✓ JP to bulb suction.
✓ Strict I/O's
✓ Vent AC-10 V-800 F_{O₂}-50%
✓ IV LR @ 200cc/hr
✓ CBC, comp. Mg Phos. Ca
ABG on arrival + in am

1 Oct
✓ IV Zantac 50mg Q 12°
✓ Zosyn 3g IVPB Q 6°
Acad ✓ Q 4°
Sliding Scale coverage
200-250 - 2 units, 251-300 4 units
301-350 6 units, 351-400 8 units
≥ 400 10 units + call MD

1 Oct
Fentanyl drip 50mcg/hr

ACLU DDII CID 789-39276

EXHIBIT

3

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-86, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT INFORMATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
PATIENT INFORMATION HANID/MASHADANI, ARID UNA M I DETAINEE	1 Oct	2400 HOURS	
	Admit ICU - Surgery		
	Dr. Garganous		
	ACLU		

SSN or ISN:

157066

LAST, FIRST, MI.

(b)(6)

Physician
Drawn by:ard:
Bed:

ETR

Gender M or F (circle)
Stat or Routine (circle)

Specimen

Date and time:

9/30/05
1740

Signs and Symptoms:

Reported by:
(b)(6)Date and Time:
834 33 Sept 05

Chemistry (STAT) / Green Top / Syringe

Chemistry (Piccolo) / Green or red / Tiger top

Hematology / Purple Top

Bld Gas / Bld Gas w/lytes / Glu / Crea

Comp Pa / BMP / Hepatic Pan / Lipid Pan / Renal Pan

CBCN (no diff) / CBC / Malaria / H/H

X TEST RESULT REF. RANGE

X TEST RESULT REF. RANGE

X TEST RESULT REF. RANGE

Na 138-145 mmol/L

ALB 3.9 3.3-5.5 g/dL

WBC 41.5 4.8-10.8 x10(3)/uL

K 3.3-4.9 mmol/L

ALP 362 H 20-184 U/L

RBC 4.26 4.2-0.1 x10(6)/uL

Cl 98-109 mmol/L

ALT 256 H 10-47 U/L

Hgb 13.9 12.0-18.0 g/dL

pH 7.35-7.45

AMY 79 14-110 U/L

Hct 38.9 M: 42.0-52.0%

PCO2 35-45 mmHg

AST 79 11-38 U/L

MCV 91.5 80.0-99.0 fL

PO2 80-100 mmHg

Tbil 2.0 0.2-1.8 mg/dL

MCH 32.6 27.0-31.0 pg

TCO2 18-33 mmol/L

BUN 65 H 7-22 mg/dL

MCHC 35.6 33.0-37.0 g/dL

HCO3 22-26 mmol/L

Ca 7.6 L 8.0-10.3 mg/dL

Plt 128 130-400 x10(3)/uL

sO2 95-99%

Chol 100-200 mg/dL

LY% 4.3 20.0-44.0%

BEecf (-2) - (+3)

CK M: 30-360 U/L F: 30-190 U/L

LY# 1.8 0.7-4.3 x10(3)/uL

AGap -8-16 mmol/L

CL 87 L 98-109 mmol/L

LY# 1.8 0.7-4.3 x10(3)/uL

iCa 1.12-1.32 mmol/L

TCO2 20 18-33 mmol/L

LY# 1.8 0.7-4.3 x10(3)/uL

BUN 7-22 mg/dL

Creat 3.9 H 0.6-1.3 mg/dL

Segs(50-70%) 73 H Mono(4-10%) 2 L

Glu 73-118 mg/dL

GGT 5-65 U/L

Bands(1-10%) 9 Eos(0-4%)

Creat 0.6-1.3 mg/dL

Glu 374 H 73-118 mg/dL

Lymph(20-44%) 1 L Baso(0-2%)

Hct 37.0-52.0%

K 4.2 3.3-4.0 mmol/L

Atyp Ly Immature cells

Hgb 12.0-18.0 g/dL

Mg 1.6-2.3 mg/dL

RBC Abn Morph: 2+ micro

Lactate 0.90-1.70 mmol/L

Phosphorus 2.2-4.5 mg/dL

2+ micro 2+ sphe

Urinalysis

TProtein 8.1 0.4-8.1 g/dL

Plt Abn Morph:

Color Straw/Yellow

Na 126 L 128-145 mmol/L

WBC Abn Morph:

Clarity Clear

HDL Chol 30-75 mg/dL

11 Micro 4 Blast

Glucose Negative

LDL Chol 50-130 mg/dL

Malaria / Purple Top

Bilirubin Negative

Triglycerides 60-160 mg/dL

Thin No Plasmodium Seen

Ketone Negative

VLDL ≤30 mg/dL

Thick No Plasmodium Seen

SG 1.010-1.025

Chol/HDL Ratio ≤4.6

Sed Rate / Purple Top

Blood Negative

Rapid Tests (Green Top)

Sed Rate 1hr = 0-20 mm

pH 5.0-8.0

Mono Negative

Sed Rate 1hr = 0-20 mm

Protein Negative-Trace

H. pylori IgG Negative

Sed Rate 1hr = 0-20 mm

Urobilin 0.1-1.0 Ehrlich U/dL

Rapid Tests (SST or Red Top)

Sed Rate 1hr = 0-20 mm

Nitrite Negative

RPR Negative

Sed Rate 1hr = 0-20 mm

Leuko Negative

HCG (or urine) Negative

Sed Rate 1hr = 0-20 mm

Urine Microscopic

Rapid Tests

Sed Rate 1hr = 0-20 mm

WBC Epi

Strep A Negative

Sed Rate 1hr = 0-20 mm

RBC Mucus

Drug Screen (urine) Negative

Sed Rate 1hr = 0-20 mm

Bacteria Yeast

Chlamydia Negative

Sed Rate 1hr = 0-20 mm

Casts: Spermatozoa

Flu A&B Negative

Sed Rate 1hr = 0-20 mm

Crystals: Amorph Sed

C. difficile (stool) Negative

Sed Rate 1hr = 0-20 mm

Other:

O&P (stool) No Ova / Parasite

Sed Rate 1hr = 0-20 mm

Other lab request:

OccBld Negative

Sed Rate 1hr = 0-20 mm

BLOOD ACETEST (KETONES) =

Wet Mount Negative

Sed Rate 1hr = 0-20 mm

unable to read due to

KOH Negative

Sed Rate 1hr = 0-20 mm

revised 31 July 05 mColor

Panel Includes: Culture, Gram Stain, Cell

Sed Rate 1hr = 0-20 mm

add m@1914

Count, WBC Diff., Meningitis test (CSF only)

Sed Rate 1hr = 0-20 mm

LIPASE = 82

interference

Sed Rate 1hr = 0-20 mm

ACLU-RDI 5503 p.20

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

Sed Rate 1hr = 0-20 mm

ACLU DDII CI

ER015 39707

Sed Rate 1hr = 0-20 mm

ACLU DDII CI

ER015 39707

Sed Rate 1hr = 0-20 mm

ACLU DDII CI

ER015 39707

Sed Rate 1hr = 0-20 mm

ACLU DDII CI

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Sed Rate 1hr = 0-20 mm

ACLU DDII CI

ER015 39707

Sed Rate 1hr = 0-20 mm

ACLU DDII CI

ER015 39707

Sed Rate 1hr = 0-20 mm

ACLU DDII CI

ER015 39707

Sed Rate 1hr = 0-20 mm

SSN or ISN:				LAB: TF 344 MED, ABU			
LAST FIRST MI 20 00015 7066 M I O/HASHADANI, ABIO/ES				LAB: TORY RESULTS FORM (Subject to Privacy Act of 1974)			
Physician: M I O/HASHADANI		Gender M or F (circle) Male		Specimen Date and time: 20050710 1100		Signs and Symptoms:	
Drawn by:		Bed:		Reported by: (b)(6)		Date and Time: 7/10/05 1100	
Chemistry (Pico/Green/Red/Orange Top)				Hematology (Purple Top)			
Crea				CBCN (no diff) CBC Malaria H/H			
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L		ALB		3.3-5.5 g/dL
	K		3.3-4.9 mmol/L		ALP		26-184 U/L
	Cl		98-109 mmol/L		ALT		10-47 U/L
	pH	7.09 (L)	7.35-7.45		AMY		14-110 U/L
	PCO2	45.9 (H)	35-45 mmHg		AST		11-38 U/L
	PO2	122 (H)	80-100 mmHg		Tbil		0.2-1.6 mg/dL
	TCO2	15 (L)	18-33 mmol/L		BUN		7-22 mg/dL
	HCO3	14.1 (L)	22-26 mmol/L		Ca		8.0-10.3 mg/dL
	sO2	97	95-99%		Chol		100-200 mg/dL
	BEecf	-16 (L)	(-2) - (+3)		CK		M: 39-380 U/L F: 30-190 U/L
	AGap		8-16 mmol/L		CL		98-109 mmol/L
	iCa		1.12-1.32 mmol/L		TCO2		18-33 mmol/L
	BUN		7-22 mg/dL		Creat		0.6-1.3 mg/dL
	Glu		73-118 mg/dL		GGT		5-65 U/L
	Creat		0.6-1.3 mg/dL		Glu		73-118 mg/dL
	Hct		37.0-52.0%		K		3.3-4.9 mmol/L
	Hgb		12.0-18.0 g/dL		Mg		1.6-2.3 mg/dL
	Lactate		0.90-1.70 mmol/L		Phosphorus		2.2-4.5 mg/dL
Urinalysis					TProtein		6.4-8.1 g/dL
	Color		Straw/Yellow		Na		128-145 mmol/L
	Clarity		Clear		HDL Chol		30-75 mg/dL
	Glucose		Negative		LDL Chol		50-130 mg/dL
	Bilirubin		Negative		Triglycerides		60-160 mg/dL
	Ketone		Negative		VLDL		≤30 mg/dL
	SG		1.010-1.025		Chol/HDL Ratio		≤4.5
	Blood		Negative	Rapid Tests (Green Top)			
	pH		5.0-8.0		Mono		Negative
	Protein		Negative-Trace		H. pylori IgG		Negative
	Urobilin		0.1-1.0 Ehrlich U/dL	Rapid Tests (SST or Red Top)			
	Nitrite		Negative		RPR		Negative
	Leuko		Negative		HCG (or urine)		Negative
Urine Microscopic				Rapid Tests			
	WBC		Epi		Strep A		Negative
	RBC		Mucus		Drug Screen (urine)		Negative
	Bacteria		Yeast		Chlamydia		Negative
	Casts:		Spermatozoa		Flu A&B		Negative
	Crystals:		Amorph Sed		C. difficile (stool)		Negative
	Other:				O&P (stool)		No Ova / Parasite
Other lab request:					OccBld		Negative
					Wet Mount		Negative
					KOH		Negative
				Panel Includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (CSF only)			

revised 31July05 mc

ACLU DDII CEROIS 39708

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

0146-05-CID789-39276

SSN or ISN:

157066

LABORATORY DRY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI: Hamid/Mashadani, Amir

Specimen
Date and time:

Signs and Symptoms:

Physician
Drawn by:

(b)(6)

Ward:
Bed:Gender (M or F (circle))
Stat or Routine (circle)Sept 20 2003
2205

Reported by:

(b)(6)

Date and Time:

9/20/03 2:38

Chemistry (STAT) / Green Top / Syringe				Chemistry (Piccolo) / Green or red tiger top				Hematology / Purple Top															
Bld Gas		Bld Gas w/lytes		Glu		Crea		Comp Pan		BMP		Hepatic Pan		Lipid Pan		Ronal Pan		CBC		Malaria		H/H	
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-146 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL												
	K		3.5-4.9 mmol/L		ALP		M: 53-128 U/L F: 42-141 U/L		RBC		4.2-6.1 x10(6)/uL												
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL												
X	pH	C 7.18	7.35-7.45		AMY		14-110 U/L		Hct		M: 42.0-52.0%												
X	PCO2	25.1	35-45 mmHg		AST		16-55 U/L				F: 37-47%												
X	PO2	63	80-105 mmHg						MCV		80.0-99.0 fl												
X	TCO2	10	23-27 mmol/L		Indirect bil (Bu)		0-1.1 mg/dL		MCH		27.0-31.0 pg												
X	HCO3	9.4	22-26 mmol/L		Dbil (Bc)		0-0.3 mg/dL		MCHC		33.0-37.0 g/dL												
X	sO2	86	95-98%		Tbil		0.2-1.6 mg/dL		Plt		130-400 x10(3)/uL												
X	BEecf	-19	(-2.0-3.0)		BUN		7-22 mg/dL		LY%		20.0-44.0%												
X	AGap	N/A	8-16 mmol/L		Ca		8.0-10.3 mg/dL		LY#		0.7-4.3 x10(3)/uL												
	iCa		1.02-1.32 mmol/L		Chol		100-200 mg/dL		Differential														
	BUN		7-22 mg/dL		CK		M: 39-380 U/L F: 30-190 U/L		Segs(50-70%)		Mono(4-10%)												
	Glu		70-118 mg/dL		Cl		98-108 mmol/L		Bands(1-10%)		Eos(0-4%)												
	Creat		0.6-1.3 mg/dL		TCO2		18-33 mmol/L		Lymph(20-44%)		Baso(0-2%)												
	Hct		38.0-51.0%		Crea		0.6-1.2 mg/dL		Atyp Ly		Immature cells												
	Hgb		12.0-18.0 g/dL		GGT		5-65 U/L		RBC Abn Morph:														
	Lactate		0.90-1.70 mmol/L		Glu		73-118 mg/dL																
	Urine Analysis				K		3.3-4.7 mmol/L		Plt Abn Morph:														
	Color		Straw/Yellow		Mg		1.8-2.3 mg/dL		WBC Abn Morph:														
	Clarity		Clear		Phosphorus		2.2-4.4 mg/dL																
	Glucose		Negative		Tot. Protein		6.4-8.1 g/dL																
	Bilirubin		Negative		Na		128-145 mmol/L		Malaria / Purple Top														
	Ketone		Negative		HDL Chol		40-75 mg/dL		Thin		No Plasmodium Seen												
	SG		1.010-1.025		LDL Chol		50-129 mg/dL		Thick		No Plasmodium Seen												
	Blood		Negative		Triglycerides		60-149 mg/dL		Sed Rate / Purple Top														
	pH		5.0-8.0		VLDL		<30 mg/dL		Sed Rate		1hr = 0-20 mm												
	Protein		Negative-Trace		Chol/HDL Ratio		≤ 5		Coagulation / Blue Top / Sodium Citrate														
	Urobili		0.1-1.0 Ehrlich U/dL						PT		7.0-14.0 sec												
	Nitrite		Negative		RPR		Negative		APTT		21.0-50.0 sec												
	Leuko		Negative		HCG (or urine)		Negative		INR		0.5-1.5/therap 2-3												
	Urine Microscopic				Rapid Tests				D Dimer		Negative												
	WBC		Epi		Strep A		Negative		Cardiac Panel / Purple Top														
	RBC		Mucus		Drug Screen (urine)		Negative		Myoglobin		0-107 ng/mL												
	Bacteria		Yeast		Chlamydia		Negative		CK-MB		0-4.3 ng/mL												
	Casts:		Spermatozoa		Flu A&B		Negative		Troponin		0.0-0.4 ng/mL												
	Crystals:		Amorph Sed		C. difficile (stool)		Negative		Hemoglobin S (Sickle) / Purple Top														
	Other:				O&P (stool)		No Ova / Parasite		Hemoglobin S		Negative												
	Other lab request				OccBld		Negative		Rapid Tests (Green Top)														
					Wet Mount		Negative		Mono		Negative												
					KOH		Negative		H.pylori IgG		Negative												

revised 31Aug05.mc

reviewed by:

ACLU-DDII CID ROIS 39709

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

SSN or ISN: 157066				344 MED, ABU			
LAST, FIRST, MI.				LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)			
Physician Drawn by (b)(6)		Nard: ETR		Gender M or F (circle) M		Signs and Symptoms: Hypertension	
Bed: ETR		State of Routine (circle) State		Date and time: 30 Sep 05 2045		Reported by: (b)(6)	
Date and Time: 9/30/05 2110							
Chemistry (I-STAT) / Green Top / Syringe				Chemistry (Piccolo) / Green or red / Tiger Top			
Bld Gas				CBCN (no diff) / CBC			
Bld Gas w/ electrolytes				Maturia / H/H			
Glu							
Creat							
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L		ALB		3.3-5.5 g/dL
	K		3.3-4.9 mmol/L		ALP		20-184 U/L
	Cl		98-109 mmol/L		ALT		10-47 U/L
	pH	* 7.19 (L)	7.35-7.45		AMY		14-110 U/L
	PCO2	* 42.5	35-45 mmHg		AST		11-38 U/L
	PO2	* 172 (L)	80-100 mmHg		Tbil		0.2-1.0 mg/dL
	TCO2	18	18-33 mmol/L		BUN		7-22 mg/dL
	HCO3	16.2 (L)	22-28 mmol/L		Ca		8.0-10.3 mg/dL
	sO2	17 (L)	95-99%		Chol		100-200 mg/dL
	BEecf	-12 (L)	(-2) - (+3)		CK	M: 39-380 U/L F: 30-190 U/L	
	AGap		8-10 mmol/L		CL		98-109 mmol/L
	iCa		1.12-1.32 mmol/L		TCO2		18-33 mmol/L
	BUN		7-22 mg/dL		Creat		0.0-1.3 mg/dL
	Glu		73-118 mg/dL		GGT		5-65 U/L
	Creat		0.6-1.3 mg/dL		Glu		73-118 mg/dL
	Hct		37.0-52.0%		K		3.3-4.9 mmol/L
	Hgb		12.0-18.0 g/dL		Mg		1.6-2.3 mg/dL
	Lactate		0.90-1.70 mmol/L		Phosphorus		2.2-4.5 mg/dL
Urinalysis				TProtein			
	Color		Straw/Yellow		Na		128-145 mmol/L
	Clarity		Clear		HDL Chol		30-75 mg/dL
	Glucose		Negative		LDL Chol		50-130 mg/dL
	Bilirubin		Negative		Triglycerides		60-160 mg/dL
	Ketone		Negative		VLDL		≤30 mg/dL
	SG		1.010-1.025		Chol/HDL Ratio		≤4.6
Blood				Rapid Tests (Green Top)			
	pH		5.0-8.0		Mono		Negative
	Protein		Negative-Trace		H. pylori IgG		Negative
	Urobili		0.1-1.0 Ehrlich U/dL	Rapid Tests (SST or Red Top)			
	Nitrite		Negative		RPR		Negative
	Leuko		Negative		HCG (or urine)		Negative
Urine Microscopic				Rapid Tests			
	WBC		Epi		Strep A		Negative
	RBC		Mucus		Drug Screen (urine)		Negative
	Bacteria		Yeast		Chlamydia		Negative
	Casts		Spermatozoa		Flu A&B		Negative
	Crystals		Amorph Sed		C. difficile (stool)		Negative
	Other:				O&P (stool)		No Ova / Parasite
Other lab request:					OccBld		Negative
					Wet Mount		Negative
					KOH		Negative
				Cardiac Panel (Purple Top)			
					Myoglobin		0-107 ng/mL
					CK-MB		0-4.3 ng/mL
					Troponin		0.0-0.4 ng/mL
				Hemoglobin S (Sickle) (Purple Top)			
					Hemoglobin S		Negative
				Body Fluid Panel (Sterile Cont)			
				Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (CSF only)			

revised 31 July 05 mc

reviewed by:

ACLU DDII CID ROIS 39710

DA FORM 4678.1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.0
PAGE 1 OF 2

000025

DA FORM 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED

USAPA V1.01
PAGE 1 OF 2

ACLU DDII CIB ROTS 39

3

Exhibit(s) 7 and 8

Page(s) 000096 thru 000102 referred to:

CDR U.S. Army Medical Command
Freedom of Information/Privacy Act Office
ATTN: MCFP Bldg 126 Stop 76
1216 Stanley Road 2nd Floor
Fort Sam Houston, TX 78234-5049

ACLU DDII CID ROIS 39779



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 (b)(6)



AUTOPSY EXAMINATION REPORT

Name: Hamad-Mashadani, Abid-Es
 ISN #: US9IZ-157066C1
 Date of Birth: Unknown
 Date of Death: 01 OCT 2005
 Date of Autopsy: 07 OCT 2005
 Date of Report: 29 MAR 2006

Autopsy No.: ME (b)(6)
 AFIP No.: (b)(6)
 Rank: Civilian
 Place of Death: 344th Field Hospital, Iraq
 Place of Autopsy: Port Mortuary
 Dover AFB, Dover, DE

Circumstances of Death: The decedent was a civilian detainee who was transferred to the 344th Field Hospital from a detention facility where he had been complaining of abdominal pain, diarrhea and vomiting. Upon arrival he was noted to have a markedly elevated white blood cell count (41.5×10^3), elevated blood sugar (440mg/dl) and elevated liver function tests. He was taken to the operating room where an exploratory laparotomy and cholecystectomy was performed for gangrenous cholecystitis. Post-operatively his condition worsened and he became unresponsive to resuscitative attempts.

Authorization for Autopsy: Armed Forces Medical Examiner, per 10 U.S. Code 1471

Identification: Identification is established by identification tags present on the body

CAUSE OF DEATH: Complications of acute gangrenous cholecystitis

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES

- I. Acute gangrenous cholecystitis (per report).
 - A. Status post exploratory laparotomy with cholecystectomy.
- II. Respiratory system:
 - A. Bilateral pulmonary congestion and edema (right 830 gm, left 720 gm)
 - B. Bilateral pleural effusions (right 120 ml, left 180 ml)
 - C. Scattered fibrin micro-thrombi
- III. No evidence of trauma
- IV. Moderate decompositional changes consisting of green discoloration of the abdomen and vascular marbling
- V. Toxicology: Metoclopramide is present in the blood.

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EXTERNAL EXAMINATION

The remains are received unclad. An identification bracelet containing the decedent's name and detainee number is on the right wrist. The body is accompanied by clothing consisting of a white undershirt, a pair of green knit shorts, a pair of yellow slacks and a pair of blue shower shoes.

The body is that of a well-developed, well-nourished appearing, male that weighs 189-pounds, is 67-inches in length, whose appearance is consistent with the reported age of 60 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor has passed. The temperature of the body is that of the refrigeration unit.

The scalp is covered with 1-1/4" wavy grey-black hair with male pattern balding. The head and neck are moderately congested. The face is covered with a short black-grey beard and moustache. The eyelids are closed with 2-1/4 x 1/2" surgical tape. The corneae are hazy. The irides are dark and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions and foreign material. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are in poor condition with a number of teeth remotely absent.

The neck is mobile and the trachea is midline. There are multiple acrochordons on the right side of the neck, 1/16-1/8" in greatest dimension. The chest is symmetric. The abdomen is protuberant. The genitalia are those of a normal adult, circumcised, male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. Evidence of medical intervention is described below.

The upper and lower extremities are symmetric and without clubbing or edema. There is a 1-1/2 x 1/4" irregular, hypopigmented scar with a 2" vertical linear extension at the 12 o'clock position on the lateral right knee. There is a 1" raised callus over the right lateral malleolus. On the volar surface of the left forearm is a 2 1/4 x 1", blue tattoo depicting unknown symbols.

MEDICAL INTERVENTION

- An endotracheal tube appropriately placed
- An intravascular catheter in the right antecubital fossa, secured with a clear occlusive dressing, with "9/30 #20" written above the device
- A 2" area of ecchymosis on the distal, volar surface of the right wrist with 3 venipuncture marks
- A 1-1/4" area of ecchymosis on the dorsum of the right hand
- A 2 x 2" gauze dressing in the left antecubital fossa
- Secured with sutures are a triple lumen catheter in the left groin and an intravascular catheter in the right groin
- A 4 x 4" gauze dressing overlying a Jackson-Pratt drain in the right abdominal wall with 26" of 1/4" diameter tubing attached to a reservoir containing 40-milliliters of blood
- A 12 x 4" gauze covering a midline abdominal incision

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- A vertically oriented 10 x 1" incision, 7/8" in depth and packed with gauze, overlying a sutured abdominal incision that extends from the xiphoid process to 2" below and to the left of the umbilicus

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the previously described medical interventions. There is no evidence of recent trauma.

EVIDENCE OF INJURY

There is no evidence of significant recent injury noted at the time of autopsy.

INTERNAL EXAMINATION

BODY CAVITIES:

The sternum is visibly and palpably intact. No excess fluid is present in the pericardium. There are bilateral serous, pleural effusions (right - 120-milliliters, left - 180-milliliters). Scattered adhesions involve the left lung and the chest wall. There is 300-milliliters of blood and clot in the right upper quadrant of the abdominal cavity. The gallbladder is surgically absent. The remaining organs occupy their usual anatomic positions.

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Markings on the internal table of the calvarium for the right middle meningeal artery are more pronounced on the right side. Clear cerebrospinal fluid surrounds the 1370 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

RESPIRATORY SYSTEM:

The right and left lungs weigh 830 and 720 grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 390-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. There is mild atherosclerotic streaking at the ostia for the right coronary artery and the left anterior descending artery. Cross sections of the vessels show no evidence of significant

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atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1 and 0.2-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1880-gram liver has an intact, smooth capsule and a sharp anterior border. There is a 5-centimeter laceration of the lateral right lobe of the liver, without vital reaction. In the region of the gallbladder fossa is a 9 x 6-centimeter friable, hemorrhagic area with an intact surgical drain. The gallbladder had been previously sent for surgical pathology consultation following the patient's cholecystectomy. A diagnosis of acute gangrenous cholecystitis is made by the consulting pathologist. The remaining, non-surgical parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The extrahepatic biliary tree is patent.

SPLEEN:

The 280-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. Fatty infiltrate is noted throughout the pancreas. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses are identified.

GENITOURINARY SYSTEM:

The right and left kidneys each weigh 80-grams. The external surfaces are intact and smooth. There is a 0.4-centimeter, benign cortical cyst on the superior pole of the left kidney. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 50-milliliters of dark brown, flocculant liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by the OAFME staff photographer.
2. Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, gastric contents, spleen, liver, lung, kidney, adipose tissue and psoas.
3. Personal effects are released to the appropriate mortuary operations representatives.

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MICROSCOPIC EXAMINATION

1. Cardiovascular (Slides: 6, 9, 11,12,13): No significant microscopic abnormalities
2. Lungs, right and left (Slides: 1-5): Focal pulmonary edema and vascular congestion with scattered fibrin micro-thrombi
3. Endocrine (Slides: 2-4, 10): No significant microscopic abnormalities are noted in the pancreas, thyroid gland and adrenal glands
4. Gastrointestinal (Slides: 2, 6-8): Liver with mild to moderate steatosis with cholestasis
5. Genitourinary (Slides: 1, 6-8): Kidney with moderate glomerulonephrosclerosis and hemorrhage into the renal tubules. Bladder and prostate are unremarkable
6. Brain (Slide: 13): No significant microscopic abnormalities

OPINION

This reported 60 year-old male, civilian detainee died of complications of acute gangrenous cholecystitis. According to reports and medical records, the decedent was admitted to the hospital following a few days of abdominal pain, diarrhea and vomiting. Laboratory studies upon admission included an elevated white blood cell count, elevated blood glucose and elevated liver function tests. He underwent an exploratory laparotomy and cholecystectomy for acute gangrenous cholecystitis. He remained unstable post-operatively and despite aggressive resuscitative efforts the patient succumbed to his illness.

Autopsy examination showed a friable, hemorrhagic surgical site with approximately 300 ml of adjacent blood and clot. Histologic examination showed findings suggestive of disseminated intravascular coagulation (DIC) in the lungs. DIC is a potentially life threatening thrombohemorrhagic disorder that can be seen in association with a number of serious medical and surgical disease processes. Postmortem toxicologic analysis revealed only the presence of the therapeutic agent metoclopramide in the blood (0.3 mg/L).

Complicated cholecystitis (eg. gangrene) has a reported mortality rate of 25%. If perforation occurs, the mortality rate increases to 60%.¹ The manner of death is natural.

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¹ Santen, S. Cholecystitis and Biliary Colic. March 15, 2005. <http://www.emedicine.com/EMERG/topic98.htm>

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DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

AFIP-CME-T

TO:

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

(b)(6)

Name

HAMID-MASHANDANI, ABID-ES

SSAN:

Autopsy: ME

(b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: October 24, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL
AMENDED REPORT (correction of accession number)

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 10/1/2005

Date Received: 10/13/2005

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

VOLATILES: The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

CYANIDE: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

DRUGS: The **LIVER** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

Positive Metoclopramide: Metoclopramide was detected in the liver by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.30 mg/L of metoclopramide as quantitated by gas chromatography/mass spectrometry.

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Hamid-Mashadani, Abid-Es,		GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social US91Z157066C1
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire		<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Negroïde		<input type="checkbox"/> MARRIED Marié		<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code Ville (Code postal compris))		
MEDICAL STATEMENT Déclaration médicale				
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		Complications of acute gangrenous cholecystitis.		Hours
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives				
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
<input type="checkbox"/> ACCIDENT Mort accidentelle				
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)			
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)		DATE Date 7 October 2005	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) 1 October 2005 0402		PLACE OF DEATH Lieu de décès Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.				
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme		
(b)(6)				
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date 15 May 06		(b)(6)		
<small>1. State disease, injury or complication which caused death. 2. State conditions contributing to the death, but not related to the disease or condition causing death. 3. Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc. 4. Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.</small>				

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REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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